## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P98000084654 **DOCUMENT #**

USA

Signature, typed or printed name of registered agent and title if applicable

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

4302 GATOR TRACE DRIVE

2. Principal Place of Business

Fort Pierce,

WENDI R. ROSEN, P.A.

48 E. FLAGLER STREET

FORT PIERCE FL 34982

Suite, Apt. #, etc.

City & State

34982

SUITE 368 MIAMI FL 33131

SIGNATURE

NEW CENTURY VENTURES, INC.

4123 Gator Trace Road



Mailing Address 4302 GATOR TRACE DRIVE

3. Mailing Address

Suite, Apt. #, etc

New York,

City & State

Zip

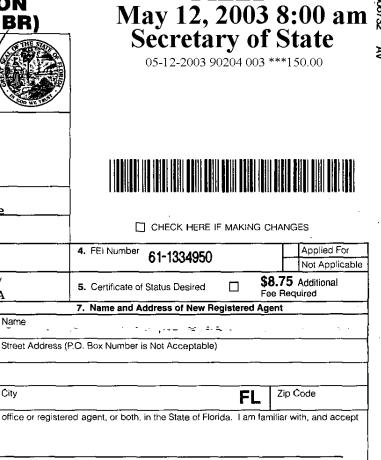
10022

24th Floor

FORT PIERCE FL 34982

<u>477 Madison Avenue</u>

## FILED May 12, 2003 8:00 am **Secretary of State**



8.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	

Country

USA

Name

City

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution,

**\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/D ☐ Addition TITLE ☐ Delete TITLE XX Change GREENFIELD, MARVIN E NAME NAME 477 MADISON AVE 6TH FLOOR STREET ADDRESS STREET ADDRESS NEW YORK NY 10022 CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE **□** Delete TITLE Addition ROSEN. PAUL NAME NAME Lannie Noles 1 NE FIRST ST SUITE 700 STREET ADDRESS STREET ADDRESS 4123 Gator Trace Road **MIAMI FL 33132** CITY-ST-ZIP CITY-ST-ZIP Fort Pierce, FL 34982 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME KARDOS, JUDITH STREET ADDRESS -STREET ADDRESS 477 MADISON AVE 6TH FLOOR NEW YORK NY 10022 CITY-ST-ZIP CITY-ST-ZIP AS ☐ Addition TITLE ☐ Delete TITI F AS/D >Est Change GREENFIELD, BARBARA NAME NAME STREET ADDRESS 477 MADISON AVE 6TH FL STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10022** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME Gerald Goodman STREET ADDRESS STREET ADDRESS 2 Industrial Way West CITY-ST-ZIP CITY-ST-ZIP Eatontown, NJ 07724 TITLE TITLE ☐ Change ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: